BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

CASEWORK WITH BORDERLINE PSYCHOTIC MOTHERS IN A CHILD GUIDANCE CLINIC; A STUDY OF SIXTEEN CASES

A Thesis

Submitted by

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CHAPTER I

INTRODUCTION

The purpose of this study is to investigate the possibilities for accomplishing constructive results by use of the psychiatric casework method in work with borderline psychotic mothers in a child guidance clinic. The general questions which this study proposes to discuss are as follows: (1) What are the objectives of such casework? (2) Under what circumstances can such casework be effective? (3) How is the casework method modified to meet the needs of these mothers?

The setting in which the study was made was the Providence Child Guidance Clinic, a private psychiatric clinic for children, supported by the Community Fund. The Clinic staff consists of a full-time psychiatrist-director, two part-time psychiatrists, two full-time psychiatric social workers, one full-time clinical psychologist, one part-time clinical psychologist and four student psychiatric caseworkers. The Providence Child Guidance Clinic is typical of most children's psychiatric clinics in the kinds of treatment and diagnostic service offered. As in most clinics of its type, contact with the child is, in the great majority of cases, confined to the psychiatrist and the psychologist, while contact with the parent is main-

CHAPTER I

INTRODUCTION

tained by the caseworker.

The method of the study has been to select, analyze, and classify the material contained in the case records of sixteen borderline psychotic mothers with whom casework was attempted in the Clinic. Aside from an introductory survey of the literature, the scope of the study has been limited specifically to the sixteen cases studied. While a few generalizations of a non-specific nature are to be developed from the material presented, it should be pointed out that the basic conclusions to be drawn from the study will be valid only insofar as they are related to the unique set of factors found in each individual situation.

The data contained in this study were obtained from the Clinic's records of sixteen cases selected for study, and from pertinent social work and psychiatric literature. The sixteen cases used for the study were selected according to pre-determined, exactly defined standards. The entire caseload of the Clinic from January 1, 1947 to January 1, 1948 was searched for potentially suitable cases. In addition, each member of the Clinic staff was asked to suggest potentially suitable cases, those in which there had been a suspected borderline psychotic condition in the mother, from her work in previous years. A group of forty cases was obtained by these means. These cases were then

examined, and those sixteen which met both of the following criteria for selection were used: (1) The diagnosis of the mother's psychotic condition must have been made by a competent psychiatrist and incorporated in the case record. (2) The mother must have been seen by the caseworker in Clinic interviews.

The literature selected for the study was used to obtain pertinent background material related to the subjects of borderline psychotics, children of psychotic mothers, and casework with borderline psychotics.

CHAPTER II

SURVEY OF THE LITERATURE

1. GENERAL DISCUSSION OF BORDERLINE PSYCHOTICS

The term "borderline psychosis" as used in this study refers to an abnormal mental condition in the individual characterized by psychotic traits. The symptoms were of such nature, however, that it was either not desirable or not possible to commit the individual to a mental institution. This definition is closely patterned after that of Myerson:

> The term borderline is used to mean that most of them were either not committable because they never reached that stage of lost insight and irresponsible conduct which is the basis of commitment, or else no clear-cut diagnosis could be made as to type of mental disease.[1]

The term "borderline psychosis" is thus meant to include such commonly used classifications as "pre-psychotic," "psychosis in remission," "paranoid personality," "schizoid personality," "ambulatory psychosis," "mood disorders," and others. According to this definition, the basic differentiating factor between a diagnosis of "psychosis" and one of "borderline psychosis" is one of ability of the individual

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1 Abraham Myerson, "Borderline Cases Treated by Electric Shock," The American Journal of Psychiatry, 100:355, November, 1943.

affected to remain at large in the community. It is accepted by definition that borderline psychotics are able to make an adequate adjustment in some or all areas of community and family life. On the other hand, as Zilboorg points out, such persons are likely to experience extreme difficulty in interpersonal relationships. They often pass in society as "difficult people" or "problem children," and many of them never reach the psychiatrist's office except when they have almost completely lost their capacity for self-direction[2] Lewis, in speaking of the borderline psychotic, states that "many seriously disturbed persons manage to retain (...) sufficient social adjustment to keep a strong hold on the sympathy and affection of their family and friends."[3] By the very nature of their illnesses they tend to make the lives of those in their intimate family circles a tragic ordeal:

> Such people, with their pathologically intense loves and hates and their crippling rigidities and fears, constitute an extremely difficult problem both to themselves and to everyone who comes to their aid.[4]

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2 Gregory Zilboorg, "Ambulatory Schizophrenias," Psychiatry, Journal of the Biology and the Pathology of Interpersonal Relations, 4:149, May, 1941.

3 Marion F. Lewis, "A Borderline Psychotic," The Family, 20:261, December, 1939.

4 Ibid., p. 261

It would appear, therefore, that borderline psychotics are persons who are severely disturbed and in rather tenuous contact with the realities of life. While comparable to actual psychotics in this respect, they differ from actual psychotics in one important way. That is that they are non-committable, and must, therefore, make their adjustments in an environment which must be, to some degree, unsheltered, and where they sometimes exert great influence upon the lives of others in their immediate circles. It is in situations where children are being brought up by borderline psychotic mothers, that this influence is felt most acutely. This problem will be discussed in the following section.

2. GENERAL DISCUSSION OF CHILDREN OF PSYCHOTIC MOTHERS

That the mother's intimate emotional relationship with the child is the most basic, the most significant force which influences the child during his developmental years is a fact which has for centuries been accepted by experts and laymen alike. Psychoanalytic theory has reaffirmed scientifically what was previously known intuitively about the effect of mother upon child. Accepting the fact that the mother's influence is most meaningful in the lives of all children, the question then arises as to what influence a psychotic condition in the mother will have upon her child. Several comprehensive studies have been made in an effort to answer this question. The material presented below is a summarization of several of the more important of these studies.

Canavan and Clark, in 1923, studied the children of one thousand schizophrenic patients who had been in Boston Psychopathic Hospital between 1912 and 1921. Of the 381 children studied, 14 per cent were found to suffer from conduct or personality disorders. A concurrent study by these same investigators of a control group of five hundred children of non-psychotic parentage revealed a similar incidence of personality disorder but a somewhat lower incidence of con-

duct disorder.[5]

Canavan and Clark again studied 108 children of these same parents in 1936. At that time they found that 31 per cent were suffering from some form of personality or conduct disorder. This represented an increase of 17 per cent in emotional disturbance during the thirteen year interval.[6] The results of Canavan and Clark's second study closely coincided with those obtained by Lampron, who found, in studying 186 children of psychotic mothers or fathers in Rhode Island State Hospital in 1932, that 26 per cent of the group studied were emotionally maladjusted.[7]

Preston and Antin, under the auspices of the United States Public Health Service, studied a group of forty-nine children of psychotic parents at Maryland State Hospitals. This study revealed that 53 per cent of the children studied suffered from either conduct difficulties or personality deviations. However, it was found that in a study of a "normal control group" 79 per cent of the supposedly "normal"

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5 Myrtelle M. Canavan and Rosamond Clark, "The Mental Health of 463 Children from Dementia-Praecox Stock," Mental Hygiene, 7:137, January, 1923.

6 Myrtelle M. Canavan and Rosamond Clark, "The Mental Health of Children of Dementia-Praecox Stock," Mental Hygiene, 20:463, July, 1936.

7 Edna M. Lampron, "Children of Schizophrenic Parents: Present Mental and Social Status of 186 Cases," Mental Hygiene, 17:82, January, 1933.

children suffered from these same disturbances.[8]

The principal generalization of any validity which can be made concerning the results gained from these various studies is that under casual examination children of psychotic parents are no more prone to emotional maladjustment and conduct disturbance than are children of non-psychotic parents. Objections have been raised by several authorities, however, that only the most superficial examination was made of the children studied. These same authorities believe that more intensive study of children of psychotic parents would reveal a higher proportion of maladjustment.[9] [10]

The most revealing of the studies was made by four students of Smith College School for Social Work. This study deals with 185 children whose mothers were patients at the Central Islip, New York, and the Rhode Island State Hospitals. These investigators placed their emphasis upon the influence of the mother's psychosis upon the child whether the child was found to be maladjusted or not. Their principal concern was not, therefore, in the degree of ad-

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8 George H. Preston and Rosemary Antin, "A Study of Children of Psychotic Parents," The American Journal of Orthopsychiatry, 2:231, July, 1932.

9 Baruch Silverman et al., ibid., p. 239.

10 Helen L. Witmer et al., "The Mental Health of Children of Psychotic Mothers," Smith College Studies in Social Work, 8:294, June, 1938.

justment, but in the interaction between mother and child. The more significant of their conclusions are quoted below:

> The chief conclusions that can be drawn from this investigation seem to be that there is much social and emotional maladjustment among the children of psychotic mothers, that not all of the maladjustment can be attributed to the mother's condition but that it is a very important factor.
>
> Our study of individual cases appeared to make it quite clear that many children of psychotic mothers are adversely affected. (...) A given mother's condition had different meanings for her various children and influenced their adjustments in various ways. (...) It seemed most significant that even among the well-adjusted children there were traces of the same difficulties that were found in more marked degree in the other cases.[11]

From the above discussion it would appear that children of psychotic mothers are at least as likely to be potential clients of child guidance clinics as are other children. This is also true of children of borderline psychotic mothers. The fact that there could be found only sixteen clear-cut cases in which a borderline psychotic mother was seen at the Providence Child Guidance Clinic is perhaps a corroboration of Zilboorg's statement that such mothers do not seek psychiatric help.[12] On the other hand, it might also be an indication that such mothers are not recognized and diagnosed even when they do appear at the Clinic.

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11 Ibid., p. 339

12 Zilboorg, op. cit., p. 149

The material presented in this section may be summarized as follows: It would be expected, in the light of our theoretical knowledge of personality development, that the presence of a borderline psychosis in the mother would have an adverse effect upon the child. Various studies designed to determine whether or not there is an appreciable degree of maladjustment among children of psychotic mothers have revealed that there is much maladjustment among such children, but not significantly more than among other groups of children. However, the most comprehensive of the studies also revealed that the mother's psychotic condition was a significant factor in the emotional development of even the well adjusted children.

3. GENERAL DISCUSSION OF CASEWORK WITH BORDERLINE PSYCHOTICS

The concluding section in this chapter is devoted to a survey of the literature on the subject of casework with borderline psychotics. Its purpose is to develop a few tentative concepts concerning the casework to be discussed later in the study. The literature on the specific subject of casework with borderline psychotics is meager. What has been written, however, indicates that casework with borderline psychotics differs both in method and objective from casework with less severely disturbed individuals.

Lewis describes the method of casework treatment with the borderline psychotic as "supportive and alleviating."[13] She further states that:

> Although such clients may not be able to obtain insight in the technical sense and are therefore beyond the reach of direct therapy, they are sometimes able to respond to other treatment devices and to improve their social adjustment even though their fundamental character structure remains unchanged.[14]

Hamilton speaks of "support (...) as the main type of relationship with the psychotic."[15] This same author, writing of casework with deeply disturbed persons, recommends

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13 Marion F. Lewis, op. cit., p. 261.

14 Ibid., p. 261.

15 Gordon Hamilton, Psychotherapy In Child Guidance, p. 145.

that the skilled, diagnostically trained caseworker, seeing the deeper problems, will not probe but will be "content with a steady, quiet, unobtrusive support." [16]

In her study of casework with psychotic clients of a family agency, Lybyer discovered that the method of casework in twelve of the fifteen cases studied could be classified as "supportive." [17] She suggests two important objectives of casework with psychotic individuals: Supportive treatment (1) to obtain the maximum level of adjustment; (2) to enable the client to accept and obtain psychiatric treatment. [18]

Hamilton, discussing the use of supportive therapy with the severly disturbed parents of child guidance clinic patients, states that

> for such persons deep self-awareness is not feasible. Instead the worker can usually be helpful by offering a sustaining relationship for as long as the person, here most often the mother, needs it, particularly during the period of the child's treatment. Such dependent personalities (...) seem to profit from a reassuring, permissive, and protective attitude more than one might suppose. (...)

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16 Ibid., Theory And Practice of Social Case Work, p. 234.

17 Harriet S. Lybyer, "The Work of a Family Agency With Psychotic Individuals and Their Families," Smith College Studies in Social Work, 10:88, December, 1939.

18 Ibid., p. 99

> Interviews need not always be frequent, and the mother will continue a sort of household attachment to the agency in which she has learned to have confidence, seeking reassurance and comfort whenever she feels threatened or overwhelmed by fate. (...) For the already discouraged parents of children who come to a guidance clinic, sometimes all one can give them is enough encouragement so that they will allow the child to come for treatment. They may be quite unable to use deeper relationship, and it may be sufficient for them to realize that the worker does not think them bad parents, but accepts them and appreciates their efforts for the child. By giving emotional support to the immature or weak parental ego one may strengthen those defenses which are constructive for the child.[19]

Lybyer defines the objective of the supportive method in casework treatment of psychotic persons as follows:

> By that term is meant casework which had as its primary objective the maintenance by the client of the maximum degree of social adjustment of which he was capable within the limitation of his mental condition.[20]

She further states that the supportive method

> was undertaken in some cases largely because it appeared the only, rather than the best, means of treating the problem.[21]

The psychoanalytic point of view regarding the method and objective of therapy with psychotic and borderline

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19 Gordon Hamilton, Psychotherapy in Child Guidance, pp. 146-147.

20 Harriet S. Lybyer, op. cit., p. 88

21 Ibid., p. 88

psychotic persons is presented by Alexander and French who state:

> There are those severe chronic patients in whose warped ego there is little hope of effecting a permanent change. In these cases of constitutional or acquired weakness of ego, supportive therapy attempts in the main to strengthen those spontaneous defenses which are characteristic of the patient, and to satisfy the patient's need for assistance by actual guidance.[22]

In summary, the following concepts concerning casework with borderline psychotics can be made:

1. The method of casework most frequently used with borderline psychotics appears to be that method most commonly termed "supportive." This method has as its principal objective the maintenance of a maximum level of social adjustment within the limits made necessary by the client's illness.

2. Two, more specific, objectives of the supportive method are mentioned: First, to enable the client to accept psychiatric referral, and second, in work with mothers in child guidance clinics, to keep the mother in contact with the clinic so that the child may be treated.

3. Such casework can be of benefit if used with severly disturbed parents of guidance clinic patients, in cases where no deep-seated changes are possible due to the extremely

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22 Franz Alexander and Thomas M. French, Psychoanalytic Therapy, p. 103.

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CHAPTER III

DISCUSSION OF THE CASE MATERIAL

The writer believes that it would be beneficial to discuss the sixteen cases as a group before an individual study of each case is presented. The material below is a statistical summary of the case material. The factors to be discussed are as follows: (1) Classification of the mothers according to diagnostic type, nationality background, and age. (2) Classification of the children by age, sex, number of siblings, and symptoms. (3) Classification of the family situation according to the strength or weakness of the marital situation and by financial status. (4) Classification of the cases by number of casework interviews, worker (whether staff or student), and casework objective.

Classified by diagnostic types the mothers studied fell into seven groups. (See Table I). There appeared to be little correlation between the type of diagnosis and the outcome of casework treatment. Of casework with the six mothers in the paranoid group, two were considered "successful," three, "unsuccessful," and one, "partially successful."[1]

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1 The criteria used for classification of the casework results in terms of success or lack of success are discussed on page 26.

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TABLE I

CLASSIFICATION OF MOTHERS STUDIED ACCORDING TO DIAGNOSTIC TYPES

Diagnostic Type	Number of Mothers
Paranoid	6
Manic-Depressive	4
Schizophrenic	2
Depression	1
Sexual Psychopath (with paranoid features)	1
Hyperthyroidism (with psychotic episodes)	1
Psychotic (unclassified)	1
Total	16

Casework with mothers in the manic-depressive group was only "partially successful" in one instance, and three were "unsuccessful." Of casework with the two mothers in the schizophrenic group, one case was considered "successful," and the other, "unsuccessful." Casework with the depressive mother and with the psychopathic mother was "successful" in both cases, while casework with the hyperthyroid mother was "unsuccessful." Casework with the mother whose psychotic condition was not classified was considered "partially successful."

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Various types of nationality background are represented. Three of the mothers were Italian, two were of old American

stock, two were of European Jewish background, two were French, two were Irish, one was English, one was Scotch. One mother was of Amerind-English descent, and one was of Scotch-French descent. The nationality background of one mother was unknown. The majority of the mothers were of native American birth.

Seven of the mothers were Catholic, six were Protestant, and two were Jewish. The religion of one mother was unknown.

The mothers ranged in age from twenty-seven to fifty-seven years. The average age was approximately thirty-seven years. It is of interest to note that in the group of cases classified as "successful" the average age of the mothers was thirty-two, while in the two less "successful" groups the average age was forty years.

The children brought to the Clinic by these mothers ranged in age from nineteen months to fifteen years. Eleven were boys, and five were girls. In nine of the cases the child treated at the Clinic was the mother's only child. Only three of the children came from families with more than two children. Nine of the children were their mothers' only sons. An intensified Oedipal conflict was a characteristic factor in many of these latter cases. In only one of these cases was the outcome of casework treatment considered "successful."

TABLE II

CHILD'S PROBLEMS AS PRESENTED BY THE MOTHERS AT OUTSET OF TREATMENT

Problem	Number of Times Presented
General behavior complaints ("doesn't mind," "unstable," "troublesome at home," "behavior problem," etc.)	6
Unable to leave mother	2
Stealing	2
Feeding problem	2
Eneuresis	2
No school progress	2
Hyperactive-Destructive	2
Insomnia	1
Swearing	1
Questions concerning illegitimate birth	1
Temper tantrums	1
Seclusive	1
Sex delinquent	1
Masturbation	1
Question of Rheumatic Fever	1
Soiling	1
Abnormal sex play	1

The problems as described by the mothers at the beginning of treatment cover a wide variety of symptoms, and do not differ markedly from the usual types of complaints presented by mothers in the Clinic. (See Table II.)

Most of the children turned out to be no more severly disturbed than the usual Clinic patients. Three, however, were diagnosed as schizophrenic.

In only three of the cases was there a good marital relationship between the mother and father. In six of the cases there was a father in the home, but a poor marital relationship. In seven of the cases there was no father in the home. Of the mothers in this latter group two were separated, two were divorced, two were widowed and one had never married. No correlation could be found between the strength of the marital relationship and the effectiveness of casework treatment with the mother.

In six of the cases there was a adequate, stable income. The financial status of four mothers was marginal, and six other mothers were being supported by Aid to Dependent Children.

The number of casework interviews in each case varied from three to forty-five. In Table III the cases are grouped according to the number of casework interviews.

Eight of the cases were terminated because the mother

TABLE III

CLASSIFICATION OF CASES STUDIED ACCORDING TO NUMBER OF CASEWORK INTERVIEWS

Number of Interviews	Number of Cases
1 - 5	4
6 - 10	6
11 - 15	3
16 - 20	0
21 - 25	1
26 - 30	1
45	1
Total	16

TABLE IV

AVERAGE NUMBER OF INTERVIEWS IN CASES CLASSIFIED ACCORDING TO DEGREE OF SUCCESS

Group Classification	Number of Cases	Average Number of Interviews
Successful cases	5	21.8
Partially successful cases	3	12.0
Unsuccessful cases	8	7.5
Total	16	
Average for entire group of 16 cases		12.8

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TABLE IV

AVERAGE NUMBER OF INTERVIEWS IN CASES CLASSIFIED ACCORDING TO DEGREE OF SUCCESS

Group Classification	Number of Cases	Average Number of Interviews
Successful cases	6	21.8
Partially successful cases	3	18.0
Unsuccessful cases	8	7.5
Total	16	
Average for entire group of 16 cases		15.8

withdrew from treatment. In all of these "unsuccessful" cases the withdrawal occurred before the thirteenth interview. All five of the cases which went beyond twelve interviews were at least "partially successful." In Table IV the average number of interviews for each group of cases, the "successful," the "partially successful," and the "unsuccessful" cases, is given.

Ten of the cases studied were handled by experienced caseworkers who were regularly employed members of the Clinic staff. The remaining six cases were handled by second year students in psychiatric casework who were completing their field work training in the Clinic. Several cases were handled successively by both staff workers and students. In these cases the worker who had the case during the period of most significant development was credited with the case. It is of interest to note that all five of the "successful" cases and two of the three "partially successful" cases were the product of the regular staff members. On the other hand, three of the eight "unsuccessful" cases were also handled by staff workers.

A complicating factor in the work of the students in the six cases handled by them was the fact that continuity of treatment could not always be maintained due to the limited duration of the field work placement. Thus, of six cases

characterized by one or more changes in worker in an individual case, five were student's cases. There is some reason to think that in three cases where the mother withdrew from treatment, the withdrawal was precipitated by the student's having been obliged to transfer the case at the termination of the field work period.

The principal objective of casework in seven of the sixteen cases studied was to establish a supportive kind of relationship through which the mother would be enabled to function at the maximum possible level of adjustment. In each of these seven cases the capacity of the mother to relate and to adjust to the child was the most important factor considered. Of the seven cases in this group, two were considered "successful," one was "partially successful," and four were "unsuccessful."

Referral for placement of the child outside the home was the casework objective in four of the sixteen cases. Two of these cases were considered "partially successful" and two were "unsuccessful."

In two of the cases the casework objective was to enable the mother to accept and obtain psychiatric treatment for herself. In one other case the original goal had been supportive therapy, but this was later changed to the psychiatric treatment goal. All three of these cases were considered

"successful."

In the remaining two cases the only discernable goal of casework was merely to keep the mother in contact with the Clinic until a plan could be made. Both of these cases were "unsuccessful."

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CHAPTER IV

PRESENTATION OF CASES

The sixteen cases to be presented have been classified into three groups. The classification is based (1) upon the effectiveness of the casework in achieving the casework goal, and (2) upon the degree of actual improvement reached in the total situation. It was necessary to include this second criterion for classification because it was found that in several instances where the casework objective had apparently been achieved, there had been no discernable improvement in the situation of the child. The phrase "improvement in the total situation" refers, therefore, to an appreciable change in the child's emotional and/or physical environment, this change representing an improvement which could be expected to exert a favorable influence in helping the child to overcome his personality maladjustments.

Group I, five cases, includes those in which the casework goal was achieved and an appreciable improvement in the total situation was attained.

Group II, three cases, includes those in which the casework goal was achieved, but in which there is some doubt as to the degree of actual improvement attained in the total situation. Although the casework goal was apparently achieved,

CHAPTER IV

PRESENTATION OF CASES

it is not certain whether this achievement actually made for any improvement in the child's emotional and/or physical environment.

Group III, eight cases, includes those in which the casework goal was not reached, and in which no appreciable improvement in the total situation was attained.

1. GROUP I. THOSE CASES IN WHICH THE CASEWORK GOAL WAS ACHIEVED, AND IN WHICH A MAXIMUM IMPROVEMENT IN THE TOTAL SITUATION WAS ATTAINED.

The first two cases to be discussed illustrate the effective use of the supportive type of casework relationship. The mother in the first case had a great need to be dependent upon a parent figure who could actively assist her in planning for the care of her child. The mother in the second case had a great need to be independent of a directive parent figure but could accept one which was warm, interested and non-directive.

Case 1

Mrs. Monti came to the Clinic without referral asking help with her twenty month old son, Richard, who suffered from projectile vomiting, and would cry whenever she tried to leave him. Mrs. Monti was twenty-nine years old, of French parentage, and Catholic. Her financial status was marginal and she was being helped in this area by Family Welfare Society. Her husband, who was of Italian descent, was in Army service at the time of first contact. She described her husband as a wonderful man and a good provider.

From all appearances this was a happy marriage.

In the intake interview Mrs. Monti explained that she had been a patient at the Clinic during her own childhood, and thought that Richard could also find help in the Clinic. It was found that she had been a patient at the Clinic for five years, between the ages of fifteen and twenty. She had had an unhappy, "Cinderella" childhood having been neglected and abused by her father and step-mother. She was a severly disturbed girl, and, in spite of long-term psychiatric treatment at the Clinic and much environmental manipulation, was obliged to enter the State Hospital for Mental Diseases at the age of twenty with a diagnosis of schizophrenia. At that time her first contact with the Clinic closed.

Mrs. Monti made an excellent adjustment to the community following her discharge from the State Hospital. She looked upon both the Hospital and the Clinic as parent substitutes. It was felt that she saw the Clinic caseworker as a mother substitute. Mrs. Monti's relationship with the Family Welfare Society caseworker, who remained active throughout the Clinic contact, was excellent. In this relationship, also, it appeared that Mrs. Monti looked upon the caseworker as a parent substitute. Mrs. Monti has used the Clinic caseworker as a source of emotional support over a period of four years. Her relationship with the Clinic continues to this date. The contact has not been continuous, Mrs. Monti preferring to use the caseworker from time to time whenever the reality situation became too overwhelming.

It was found that Richard was a schizophrenic child, and much of the casework time has been taken up with planning future treatment for him. Mrs. Monti has had an excellent understanding of the boy's problem, and has been able to participate in making plans for him. While she will probably always need to be dependent in large measure upon some kind of parent figure, she has made an excellent adjustment in the face

> of overwhelming realities. Her husband has now returned from service, and the marital relationship is good. Mrs. Monti can, with support, continue to function adequately as a wife and mother. It is doubtful that she could function without emotional support from some parental source. The Family Society worker continues to work closely with the Clinic worker. It has been remarkable that Mrs. Monti has been able to differentiate clearly between the function of each, going to the Family worker for help with practical matters concerning the home, and to the Clinic worker for help with Richard.

The casework objective was to give Mrs. Monti an understanding parent figure upon whom she could lean, and through this relationship help her to maintain an active role in planning for her child. Casework with her has been effective because her need to lean upon and receive emotional support from the caseworker was understood. Both the objective and the method were limited, but the limitations were based upon Mrs. Monti's own limited capacity to use help. Thus while Mrs. Monti has not become completely adequate, she has reached the maximum adjustment of which she is capable.

Case 2

> Mrs. Dario was referred by the Family Welfare Society. Florence, age three, had recently come out of a foster home, and Mrs. Dario complained that the child would not mind her, was slow in eating, and suffered from eneuresis since her return home. Mrs. Dario was thirty years old, of Italian parentage, and Catholic. She was separated from her husband, who was away in the Merchant Marine. She was being supported by ADC. The Clinic had known of Mrs. Dario previous to the referral,

because various agencies in the community had used the Clinic as a consultation resource regarding the case. Mrs. Dario had had a long, stormy history with these agencies. She would complain continually that her caseworker was not suitable and would demand that she be transferred to another worker. Mrs. Dario tended to repeat this pattern until she had been seen by almost all of the workers in the agency. She was unable to form a relationship with any of the workers in these agencies save one Family Welfare Soceity worker. This one positive relationship was broken when that worker left the state.

The Clinic caseworker had the advantage of an early diagnosis which had been made before Mrs. Dario was seen at the Clinic. The Clinic psychiatrist had felt that Mrs. Dario was in a borderline state between paranoia and an obsessional neurosis. He considered her untreatable by psychotherapy, and there was a possibility that an actual psychosis would develop. The Clinic caseworker also had the advantage of knowing her reactions to other workers. She revealed a definite pattern with these workers, as follows: She would attempt to entangle the worker in her various schemes. She would demand that the worker give her advice, contact other agencies for her, find jobs for her, or intercede with the foster mothers who were caring for Florence. Then she would become extremely hostile and suspicious and demand a new worker.

With this forewarning of Mrs. Dario's personality and relationship patterns, the caseworker was able to formulate a plan whereby she would be a non-directive, relaxed parent figure, "free of any personal stake in the development of treatment." The caseworker attempted to avoid becoming entagled in Mrs. Dario's demands. The caseworker needed to be a warm, interested parent figure. However, to give advice or to do things for Mrs. Dario would have placed the worker in the position of the hated parent figure, and would have set off the hostility reaction in her. The caseworker found that it was possible to use this plan although

> Mrs. Dario attempted to entangle her at every opportunity. Gradually it became clear that by keeping out of the role of the controlling parent, the worker was encouraging Mrs. Dario toward a more responsible and freer exercise of her own strengths in the handling of her affairs. As Mrs. Dario gained confidence in herself, she began to see the caseworker as a person to whom she could relate and in whom she could place her confidence. She said, "You understand me. If everybody understood me the way you do, I wouldn't have all this trouble." Later she expressed her feeling for the caseworker in these words: "I could never talk with my mother. Everything is her fault. Why couldn't I talk with her the way I talk with you? You know I tell you things that I never talk over with anybody else."
>
> Mrs. Dario has been seen by the caseworker in forty-five interviews over a four year period, and continues to be seen to this date. The course of her improvement has not been consistent. At one point, after an unfortunate encounter with the police, she appeared to be close to a psychotic break. She has not been able to carry over her positive relationship with the caseworker into other relationships, and remains a hostile, suspicious person. Nevertheless, through the casework relationship, Mrs. Dario has been able to adjust adequately enough to be able to remain in the community, and her relationship with Florence is improved.

The casework objective was to give Mrs. Dario an understanding, yet non-directive parent figure to whom she could relate and, eventually, trust, and through the casework relationship help her to feel more adequate as a mother and more secure as a person. Casework has been effective because the caseworker was able to see her need to remain clear of Mrs. Dario's hostility arising from her conflict over depend-

ency. Early diagnosis was an important factor in helping the caseworker to formulate the casework plan. Mrs. Dario's basic personality conflicts remain untouched, but she has, through casework, been able to maintain herself at the maximum adjustment of which she is capable.[1]

The three remaining cases to be discussed in this group illustrate the use of a different casework objective. Whereas casework with Mrs. Monti and Mrs. Dario was directed toward the establishment of a supportive type of relationship for the purpose of helping them reach their maximum level of adjustment as individuals and as mothers, casework with the mothers in the following three cases had as its aim to enable them to accept psychiatric treatment for themselves. These mothers were considered amenable to psychiatric treatment, and it was through the casework relationship that each of them made the decision to undertake psychiatric treatment.

Case 3

> Mrs. Maxwell was referred to the Clinic by the District Nursing Association because William, age twenty months, was refusing to eat. The child was now living with his mother after having been in about fifteen foster homes since his birth. The referring agency believed that work

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1 Elizabeth McCormick, et. al., "Management of the Transference," Journal of Social Casework, 27:207, October, 1946. The transference elements in this case are discussed in the above listed article. The worker's own interpretation of the case as presented in the article was used as a basis for the present discussion.

with Mrs. Maxwell around the feeding problem could be of value. Mrs. Maxwell was twenty-eight years old, Italian and Catholic. She was on very poor terms with her husband, then in Army service. Her financial support came primarily through an allotment from her husband, supplemented by her own sporadic earnings.

The Family Society had had a long contact with Mrs. Maxwell. They described her as being very unstable and suspected a paranoid condition. She was continuously engaged in extensive legal battles trying to win damages for a fall William had had in one of the local stores. The origin of this litigation had a reality basis, but her continuing agitation over the matter was considered an abnormal symptom. Mrs. Maxwell was seen by the caseworker in four interviews while William was being seen by the psychiatrist. These interviews were concerned primarily with the feeding problem presented by the child. While Mrs. Maxwell was coherent, many of her paranoid ideas would be injected into the interviews and it was not felt that much progress could be made in casework treatment.

The Clinic psychiatrist felt that Mrs. Maxwell was paranoid and pre-psychotic, and needed psychiatric treatment far more than did her child. It was agreed that the caseworker and psychiatrist would exchange roles on an experimental basis. Accordingly Mrs. Maxwell was seen by the psychiatrist and William by the caseworker. This arrangement worked out well and the contact was continued in this way. The case continues to be active to the present time, Mrs. Maxwell using the Clinic service periodically whenever she feels the need to do this. She has adjusted to the community in an adequate way and her relationship with the child is much improved.

The casework objective was to enable Mrs. Maxwell to accept psychiatric treatment. She readily accepted this. Casework with Mrs. Maxwell was effective because her need for psychiatric treatment was recognized early in the contact,

and because she could accept such treatment. While the casework in itself had little direct influence on Mrs. Maxwell's personality, it was, nevertheless, an important factor indirectly since it was through the caseworker that the subject of psychiatric treatment was introduced and carried out.

The role of the caseworker in bringing about this result is more evident in the next two cases.

Case 4

> Mrs. Pray came to the Clinic at the suggestion of a friend, complaining that her six year old daughter, Marcia, was "a behavior problem." Mrs. Pray was thirty-one years old, of American descent and Protestant. She was married, but lived away from her husband, who came to visit on weekends. The family income was adequate. Marital relations were very poor. Mr. Pray was an immature, ineffective person, and Mrs. Pray was unable to accept her husband in the masculine role. She had had several extra-marital sex experiences and flaunted these before her husband in sadistic fashion.
>
> Mrs. Pray was seen by the caseworker in fifteen interviews over a four month period. She used the first few interviews to describe the difficulties of her relationship with Marcia, and tended to project most of the blame for the child's poor behavior upon the child, herself. In later interviews she confined her discussion almost completely to her poor sexual adjustment, going into intimate detail on this matter. The Clinic psychiatrist saw Mr. Pray, meanwhile, in several interviews. The Clinic psychiatrist believed that Mrs. Pray was a sex psychopath, and was reacting against a strong homosexual urge. He felt that this urge might well find expression in a "high relationship with another woman around art or music." The psychiatrist suggested that the marital situation was beyond improvement, but felt that the mother-daughter relationship might be salvaged. The casework goal almost from the very beginning of the contact was to enable Mrs. Pray to accept psychiatric

treatment.

> Mrs. Pray was very conscientious about keeping her appointments with the caseworker. She made a good relationship although she remained quite superficial. The later interviews were taken up with intellectual discussions of various types of psychotherapy which Mrs. Pray could undertake. She was able to see her need for psychiatric treatment, but delayed seeking such treatment until informed that the caseworker was leaving the Clinic for another job. Mrs. Pray then began treatment with a private psychiatrist. She showed a good deal of resentment against the caseworker for leaving the Clinic. The diagnosis of sexual psychopath was corroborated by the private psychiatrist.

Casework was effective because Mrs. Pray's need for psychiatric treatment was diagnosed early in the contact, and because the caseworker was able to handle a difficult relationship with a homosexually inclined woman without too much erotic involvement. With the advantage of early, accurate diagnosis, and a skilled use of the casework relationship, the caseworker was able to avoid the pitfalls in a potentially dangerous situation. In spite of these advantages, there is some reason to believe that Mrs. Pray was inclined to perpetuate her relationship with the caseworker. By the time it became necessary to close the contact, however, Mrs. Pray had accepted her need for psychiatric treatment and was able to initiate such treatment.

Case 5

> Mrs. Bennett came to the Clinic without referral with her ten year old son, Earl. She complained that Earl was troublesome at home and would not

sleep at night. She was forty-two years old, of Scotch-French descent and Protestant. The family income was adequate. The marital relationship was poor. Mrs. Bennett complained that her husband drank, and forced cunnilinguistic sex behavior upon her when he was drunk. They had both been known to threaten to kill each other.

It was obvious from the very beginning of the contact with Mrs. Bennett that she was a very sick person. The Clinic psychiatrist felt that she suffered from depression, and it appeared that she was close to a psychosis. There was grave question as to whether she could be helped in any way by casework. Casework with her was focused upon helping her to understand the involved feelings in her relationship with Earl. The psychiatrist felt that there was some chance for improvement in this area, and that this could help the boy, whose personality was in danger of becoming permanently warped. Mrs. Bennett related well to the caseworker and appeared to be gaining in understanding of the mother-child relationship. She was seen by the caseworker in ten interviews.

She was then transferred to another worker, who saw her in about twenty additional interviews. Mrs. Bennett was able to accept the change in worker and continued the contact on a fairly comfortable level of adjustment. The casework relationship during this period appeared to be of a supportive nature, and it seemed as if Mrs. Bennett was functioning at her maximum level. Very abruptly, however, she began to complain excessively of Earl's symptoms and her husband's behavior, and began to exhibit definite suicidal trends. The casework goal was then altered, and referral for psychiatric treatment was attempted. After at least one attempted suicide Mrs. Bennett was referred to a mental hospital. She was able to accept this referral and seemed to benefit greatly from out-patient treatment and hospitalization. She is now back in the community and has apparently made a good adjustment.

Both casework goals with Mrs. Bennett were attained. She was able to gain understanding of her relationship with

Earl until her increasing mental illness nullified these gains. It is not felt that casework service could have altered the downhill course of her depression. Later she was able to accept referral to the hospital. Casework with Mrs. Bennett was effective because the casework plan was based upon a limited objective and determined by an understanding of Mrs. Bennett's own personality strengths and weaknesses.

2. GROUP II. THOSE CASES IN WHICH THE CASEWORK GOAL WAS ACHIEVED, BUT IN WHICH THERE IS DOUBT AS TO THE DEGREE OF ACTUAL IMPROVEMENT IN THE TOTAL SITUATION.

The three cases in this group have been isolated because, while the goal of casework in each was achieved, this achievement did not lead to an improvement in the child's emotional and/or physical environment. In the first two cases to be presented the casework goal was referral to a placement agency for placement of the child away from home. In the third case the goal was to establish a supportive relationship with the mother through which she would be enabled to gain sufficient emotional support to maintain her mother role in the home.

Case 6

Mrs. Farley was referred to the Clinic by the Department of Public Welfare because she was having difficulty with her fifteen year old son, John. Mrs. Farley was unmarried, fifty-seven years old, Catholic, of Irish descent. She was

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receiving support from Aid to Dependent Children for John, who had been living with her for the past few years. John had previously been in a Catholic institution for ten years.

The problem centered around the mother-son relationship. John had many questions concerning his illegitimate birth, and the mother was unable to answer these in a satisfactory way because of her own conflict over sin and virtue. Mrs. Farley would boast to the caseworker of her sexual promiscuity, but in the next breath would speak of her deep religious feelings, saying, for example, that she had always wanted to be a nun and had kept herself "above reproach." Her guilt over John's illegitimate birth was symbolized by her apparent delusion that the child had been conceived in the Cathedral.

The Clinic psychiatrist felt that Mrs. Farley was psychotic, and was not capable of taking care of her son. He believed that her discussions regarding affairs with various prominent men in the city were fantasies to cover up the incestuous feelings which she had toward John. Mrs. Farley would go into John's room at night to wash his hands and try to get into his room when he was undressed to see whether he was masturbating. The psychiatrist felt that this was a "reverse Oedipus situation" and that John should be removed from the care of Mrs. Farley.

It was decided in staff conference that casework with Mrs. Farley would be directed toward referral for placement of the boy in a foster home.

Mrs. Farley was seen by the caseworker for weekly interviews during a three month period. Several appointments were broken. It was difficult to maintain control of the interviews because Mrs. Farley insisted upon monopolizing the conversation and would either interrupt the worker when she attempted to speak, or would refuse to listen to what the worker was saying. She was resistant to all of the worker's suggestions and tended to use the casework interview merely as a medium through which she could

> express her rationalizations about sin and punishment. Only the most primitive sort of relationship was possible between the worker and Mrs. Farley. There was no feeling on the part of the staff that Mrs. Farley could profit by casework. She alternately accepted and rejected the idea of placement for John, but finally agreed to a referral to a child placing agency. It was obvious, however, that Mrs. Farley still had mixed feelings about placement for the boy. Following the referral to the child placing agency the case was closed by the Clinic.

While the casework objective, referral for foster home placement for John, was achieved, there is some doubt as to how much improvement in the boy's situation this move represented. It is felt that too much damage to the boy's personality had already been done, and that Mrs. Farley would be unable to tolerate a separation from John. Thus, while she verbally accepted foster home placement, she had not in any way resolved her conflict about placement. Casework was not effective because of Mrs. Farley's mental disorientation, and her inability to relate to the caseworker. The limited casework goal, even when achieved, was of little real value because Mrs. Farley's feelings about John were so intimately related to her basic personality conflict.

The next case also illustrates the use of placement away from the home as the casework objective. As in the preceding case, the degree of actual improvement attained is in doubt.

Case 7

Mrs. Monsky came to the Clinic without referral with her ten year old stepson, Ben. The boy masturbated, soiled himself, suffered from eneuresis, and there was a suspicion of sex play with dogs. Mrs. Monsky was thirty-seven years old, of French descent and Catholic. This was the second marriage for both parents, and there was an assortment of five other children, all girls, in the home, including two of Mrs. Monsky's illegitimate daughters. The marital situation was very poor. Mr. Monsky was described by Mrs. Monsky as an immature, unstable person whom she had "picked up by his bootstraps and made a man of."

Mrs. Monsky was seen in eight interviews by the caseworker. It was apparent, as she talked about Ben and her husband, that she was projecting much of the blame upon these two, and could not present herself in any but the most positive terms. It became obvious that her dislike and rejection of the boy were deeply rooted and that she was unable to participate in any plan to help the child. Her basic rejection of the child was considered untreatable. She used the casework interviews largely for the purpose of expressing her resentment against the child. The Clinic psychiatrist felt that Mrs. Monsky was a paranoid psychotic, but not yet committable. The casework goal was to work toward referral for placement of the boy away from the home. Mrs. Monsky accepted this plan and the case was closed. However, it was learned five months later that the plan had not yet been put into effect.

While the casework objective, referral for placement of Ben out of the home, was achieved, there is doubt as to whether or not the placement plan was ever carried into effect. For this reason, this case is classified among those in which it is doubted that the child benefited from the

achievement of the goal in work with the mother.

Case 8

Mrs. Crandall came to the Clinic with her adopted daughter, Ann, age ten, at the referral of the family physician. Her complaint was that Ann was stealing and was "unstable and sly." Mrs. Crandall was thirty-nine years old, of English descent and Protestant. She was married and living with her husband. There were no other children. The marital relationship was poor. She described her husband as being cold, preoccupied with himself, irritable, and unhappy both at home and at work. The family income was adequate.

Mrs. Crandall has been seen by a male caseworker in twenty-one interviews over a six month period, and is still being seen. In the early interviews it became apparent that there was much underlying hostility toward the caseworker, and toward men in general. She had been deserted by her father in childhood. This hostility was offset by a great need to be dependent upon and loved by the caseworker. Thus, when the caseworker attempted to avoid becoming too deeply involved in Mrs. Crandall's dependency needs, or when he "deserted" her by unavoidably missing an appointment, her hostility and anxiety at once became apparent. It became obvious that there was an erotic element in her relationship with the caseworker, who attempted to keep clear of too deep an entanglement in this area. The interviews were restricted largely to a discussion of Ann's problems.

Mrs. Crandall appeared to be quite depressed during several of the interviews. She went to a private physician who gave her some superficial psychotherapy, but she continued to see the caseworker during this time. She finally discontinued her contact with the psychiatrist, feeling that he was not helping her. She became deeply depressed after the fifteenth interview, and went to her sister in another state, leaving Ann and Mr. Crandall behind.

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The clinic psychiatrist felt that Mrs.

> Crandall was a manic-depressive personality type. There was a real question of whether she was already psychotic or at least borderline psychotic. After two weeks, Mrs. Crandall returned home and resumed her Clinic visits. She has not been as depressed as she formerly was. The interviews remain on a quite superficial basis, and Mrs. Crandall remains rather flirtatious. She appears now to be using the caseworker as an understanding, undirecting father in whom she can confide her adolescent secrets. Her understanding of Ann does not appear to be improving. There are indications that the child is actually threatened by her mother's immature behavior and violent transference to the caseworker.

The success of casework treatment in this case cannot be definitely determined at this time. The casework objective is to establish a supportive relationship through which Mrs. Crandall will be enabled to gain sufficient emotional support to maintain her mother role. This goal has apparently been achieved, but it is not apparent that the accomplishment of the goal has been of much positive benefit to Ann. Casework has been effective in achieving the goal because the caseworker has been a warm, nonrejecting, parent figure, and has attempted to handle the relationship objectively.

3. <u>GROUP III. THOSE CASES IN WHICH THE CASEWORK GOAL WAS NOT REACHED, AND IN WHICH NO APPRECIABLE IMPROVEMENT IN THE TOTAL SITUATION WAS ATTAINED</u>.

The eight cases in this group are the least successful. Each case was terminated by the premature withdrawal of the mother from Clinic treatment. An effort has been made to

indicate the reason for failure in each case.

In the following case, the failure occurred because neither the mother nor the child was able to accept and use the Clinic service.

Case 9

Mrs. Kahn came to the Clinic without referral with the complaint that her son, Leonard, age fifteen, was stealing and swearing. Mrs. Kahn was fifty years old, of Russian nativity and Jewish. She had been separated from her husband for nine years and was being supported by Aid to Dependent Children.

In the intake interview, Mrs. Kahn was disoriented, telling her story with much digression so that it became for the most part unintelligible. She either would not or could not respond to the caseworker's efforts to clarify the problem. She showed many paranoid features in her suspiciousness of other agencies with whom she had had contact. It was obvious that she mistrusted the caseworker as well. A second intake interview was held in an effort to obtain a clearer picture of the problem, but no better progress was made.

Mrs. Kahn was seen by the Clinic psychiatrist who felt that she was psychotic, but not committable at that time. It was not felt that Mrs. Kahn could benefit in any way from casework treatment, and the caseworker's goal was merely to keep her in contact with the Clinic so that Leonard might be seen by the psychiatrist. It was believed that perhaps she would be satisfied to enter a non-threatening relationship in which she could merely relieve herself of some of her many complaints. Mrs. Kahn withdrew from treatment, however, before Leonard could be seen at the Clinic. A month later Leonard was admitted to a mental hospital with a diagnosis of schizophrenia.

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with Leonard. It was evident that her mental condition had deteriorated since her last contact with the Clinic. Her conversation was extremely disoriented and her behavior and dress were bizarre. No attempt was made to prolong the contact with Mrs. Kahn. A letter was written to Leonard inviting him to come to the Clinic alone, but no reply was received.

Even the simplest objective, that of keeping Mrs. Kahn in some sort of contact with the Clinic, was doomed to failure because her hold on reality was too severly damaged. In this case the reason for the ineffectiveness of the casework can be placed definitely on the basis of the severity of Mrs. Kahn's symptoms.

Case 10

Mrs. Casey came to the Clinic with her seven year old son, Robert, at the suggestion of the boy's principal. Robert was doing very poorly in school although his intelligence was adequate. Mrs. Casey was thirty-six years old, of Irish descent and Catholic. Her husband had died five years previous to her contact with the Clinic. The family mourning for Mr. Casey had been prolonged. Mrs. Casey was described as "a sad, beautiful woman who writes sad, deep poetry." Mrs. Casey had been a slender, beautiful girl, but her appearance had deteriorated rapidly during the past few years.

In her first interview with the caseworker, Mrs. Casey wore a very severly tailored suit. Her manner was very crisp and concise, and she impressed the caseworker as appearing extremely masculine. She related very strongly to the caseworker from the beginning and she plunged almost immediately into a discussion of her own father. It appeared to the caseworker that Mrs. Casey was moving too quickly into a discussion of material which touched at the very roots of her personality conflict. The worker tried to

dilute her feelings by turning to more practical matters.

Mrs. Casey appeared for her next interview dressed in a very simple house dress, no stockings, with her hair hanging down on her shoulders, and a ribbon tied around her head. She was very shy and came eagerly into the interviewing room, like a little girl. She reminded the caseworker of "Alice in Wonderland." The caseworker strictly avoided any discussion of the deeper material brought out in the previous interview, and tended to focus on the practical responsibilities of Mrs. Casey's adult role.

Mrs. Casey came to the third interview dressed in the way she had been at the first meeting with the caseworker. It appeared, however, that her manner was more free. The content of the interview was again restricted to practical matters. The following week Mrs. Casey cancelled her appointment, and after that the contact was interrupted because of summer vacations. In the fall, the caseworker contacted Mrs. Casey inviting her to return to the Clinic. Mrs. Casey said that she did not wish to return to the Clinic because Robert had not been helped, and she was "not interested in returning herself."

The Clinic psychiatrist, in reviewing the case, felt that Mrs. Casey was reacting strongly to a homosexual conflict which was very close to the surface. Her refusal to continue at the Clinic was due to the immediate transference of these feelings to the caseworker. This precipitated a homosexual panic which made it necessary for her to run away from the caseworker. The psychiatrist felt that there was a paranoid trend in Mrs. Casey. There was a possibility that she would be more withdrawn as time went on, until a total paranoid withdrawal had taken place. The case was closed, but Mrs. Casey was later accepted for Aid to Dependent Children and received casework service from the public welfare workers. It is of interest to note that her first worker from that agency was a man to whom she related well. After he left the agency, Mrs. Casey refused for three weeks to allow a woman worker to enter the home.

When she finally admitted the woman worker, the discussion was confined to budgeting.

The only discernible casework goal in this case was merely to keep in contact with Mrs. Casey until a more constructive plan could be made. This objective was not possible because Mrs. Casey became extremely involved in deep material and was threatened by her homosexual feelings toward the caseworker. Her violent reaction to this in the second interview made for a situation in which the casework could not continue, although the worker made every effort to keep the discussion on a reality basis. It is possible that, with adequate forewarning of the nature of Mrs. Casey's difficulty, the caseworker might have been able to direct the initial interview by turning the discussion away from the material Mrs. Casey was presenting. The intervening vacation break was a disrupting reality factor. The most important factor in the breakdown of the case, however, was the severity of Mrs. Casey's illness.[2]

In the preceding two cases the reason for the failure of casework and the mother's withdrawal can be considered to be due to the extreme severity of their psychotic conditions. It may be said that they were untreatable by any

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method of casework, and were not able to go beyond the first rudimentary steps of Clinic procedure. In the following two cases the reason for the casework failure is also based principally upon the mother's illness. In these cases, however, the withdrawal from the Clinic occurred as a result of a sudden increase in the severity of the psychosis. Both mothers in these two cases were manic-depressives, and in one instance the case broke down with the onset of a severe depression. In the other case, it is presumed that it was the onset of a manic state which intervened. In both cases it appeared as if some progress was being made up to the point of termination.

Case 11

> Mrs. Fink came to the Clinic with her seven year old son, Henry, at the referral of her physician. Henry was afraid to leave his mother, and would vomit every morning before leaving for school. Mrs. Fink was thirty-three years old and Jewish. The marital relationship appeared to be good. The family income was adequate.
>
> Mrs. Fink was seen in three interviews at the Clinic by two different workers. The Clinic was then informed that Mrs. Fink had been rushed to the hospital and would be unable to continue the Clinic contact. It was later learned that Mrs. Fink had had a miscarriage followed by a "nervous breakdown." During her three interviews at the Clinic, Mrs. Fink appeared to be an intelligent, capable woman. Her over-protective attitude toward the boy appeared to be the main difficulty.
>
> Two years later Mrs. Fink returned to

the Clinic. Henry had not improved in the interval. There was a striking change in Mrs. Fink's appearance and personality. She seemed quite apathetic in the casework interviews, often "staring off into space as if she were a thousand miles away." The Clinic psychiatrist felt that Mrs. Fink was a manic-depressive personality type, and was in danger of going into a deep depression. Casework was confined largely to a discussion of Henry's difficulties, and some progress was made in this area. Mrs. Fink was seen by the caseworker in six interviews over a two month period. As it became more apparent that Mrs. Fink was severely disturbed, the caseworker avoided any effort to probe and remained merely an interested listener. It was learned that Mrs. Fink was being privately treated by electro-shock. After the sixth interview Mrs. Fink withdrew from the contact and has not been seen again at the Clinic. She continues under private psychiatric care. Mr. Fink took over his wife's appointment time and brought Henry to the Clinic. He was very cooperative and the boy's condition appeared to be slightly improved. The case became inactive when Henry went to camp last summer.

The objective in casework with Mrs. Fink was to establish a supportive relationship which would be the medium through which a more comfortable mother-son relationship would be encouraged. No deep changes in Mrs. Fink's own personality were contemplated. There were indications that this objective was being attained, but the entire plan failed with the onset of the depressive phase of Mrs. Fink's illness.

Case 12

Mr. Linden came to the Clinic without referral for help with his son, George, age fourteen. George was being released from a mental hospital with a diagnosis of Catatonic Schizophrenia. The father felt that the Clinic could

offer the family some guidance in terms of how to handle the boy so that they could have a "healthy, happy home" for him. The father also thought that through the Clinic Mrs. Linden would be able to accept psychiatric help, which he felt she needed very badly. Mrs. Linden was forty-seven years old, of American descent and Protestant. The family income was adequate. Marital relations were extremely poor, and each parent had a marked tendency to project the blame for George's condition on the other.

Mr. & Mrs. Linden both came to the Clinic and were seen by different workers. It was obvious that both parents were severely disturbed emotionally, but it was felt that Mrs. Linden was definitely the sicker of the two. The Clinic psychiatrist believed that both parents were deeply involved in a neurotic family relationship. George was suffering from a "mother fixation" and needed to move away from his mother to a closer identification with a strong father figure. The psychiatrist advised that casework with Mrs. Linden be directed toward giving her a recognition of George's need to identify with his father. At the same time casework with the father would be directed toward helping him to accept the masculine father role. The casework goal, therefore, was limited to the specific problem of helping Mrs. Linden to become less protective toward George, and efforts were made to avoid any deep involvement on the part of the caseworker in Mrs. Linden's severe personality disturbance or in the neurotic marital relationship.

Mrs. Linden was seen by the caseworker for five interviews after which she withdrew, taking George with her to another state and leaving the father behind. She had made an adequate, somewhat superficial relationship with the caseworker. During this time Mrs. Linden came to recognize George's need for his father, and was able to some extent to relinquish her hold on the boy. It was felt that this was merely an intellectual change in attitude and that no lessening of Mrs. Linden's

> emotional need to hold the boy was gained. It became more apparent as the interviews progressed that casework treatment could not accomplish any real change in Mrs. Linden's feelings toward her son. Nevertheless, some surface improvement in the situation was noted. This was followed by Mrs. Linden's abrupt withdrawal from treatment. Mr. Linden continued his contact with his caseworker for a short time after George and Mrs. Linden had left. The letters he showed from Mrs. Linden indicated that both she and the boy were severely disturbed emotionally. Eleven months later Mrs. Linden was admitted to a mental hospital with a diagnosis of Manic-Depressive Psychosis, Manic Type, with Schizo-effective features.

As was the case with Mrs. Fink, the casework objective with Mrs. Linden was also to establish a supportive relationship through which the mother-son conflict could be eased. No deep changes in Mrs. Linden's own personality were contemplated. While there were some surface indications that the plan might be successful, there was little evidence that any real progress had been made. The entire plan was defeated with the onrush of the manic state in Mrs. Linden.

In the following two cases the casework objective was referral for placement of the children involved outside the home. In each case it was felt that a real emotional and physical danger threatened if the child were allowed to remain in the home. In neither case was the mother able to accept the referral to the placement agency.

Case 13

Mrs. Mac Andrew came to the Clinic with

her daughter, Clara, age nine, at the referral of the cardiac clinic. Clara had been unable to make progress in school although her intelligence was adequate. There was an additional problem in that the mother insisted that Clara was a victim of rheumatic fever whereas the physicians could find no evidences of a cardiac disorder. Mrs. MacAndrew was forty-one years old, of Scotch descent and Protestant. This was her second marriage, her first having ended in divorce. She described her first husband as a cruel man who beat her. Her present husband was a very gentle, unassertive person, who fit in well with Mrs. MacAndrew's need to be the dominant parent in the family. The family income was adequate.

Mrs. MacAndrew was seen by the caseworker in eight interviews over a two month period. Her first interviews with the caseworker, a male, were taken up with her feelings about various authorities. She tended to blame the school for Clara's failure to learn. She blamed the doctors for not finding Clara's heart condition. Mrs. MacAndrew, herself, had a "thyroid heart," and knew as much about cardiac symptoms as the doctors. She made a good relationship with the caseworker, and as she felt more comfortable in the casework relationship, began to bring into the discussion her deep underlying hatred for Clara. It was felt that Mrs. MacAndrew related quickly because her worker was a man. She would have been too threatened by her obvious homosexual feelings in the first stages of a relationship with a woman worker. It developed that the important problem was in the mother-child relationship. Mrs. MacAndrew was under the delusion that Clara had been conceived without benefit of a father. She complained several times that she was not "built to be a mother." Her relationship with the two older children had also been one of almost total rejection. Clara's birth had been extremely difficult so that her "body turned black from the poisons." She had almost died in childbirth. The caseworker suspected a psychotic process in Mrs. MacAndrew due to the

bizarre content of her conversation.

> The Clinic psychiatrist saw Mrs. MacAndrew for a diagnostic interview. The psychiatrist felt that although there was a certain paranoid quality about her, Mrs. MacAndrew suffered from psychotic episodes due to hyperthyroidism, and that this was the basic diagnosis. It was felt that she had been in one of these episodes at the time of Clara's birth. It was also suspected that Mrs. MacAndrew had been in a psychotic episode during one of the interviews with the caseworker where her conversation had been particularly bizarre. The casework goal was to work toward foster home placement for Clara. It was necessary to continue the contact until such a solution could be made. There was some feeling that Clara's safety was in danger as Mrs. MacAndrew tended to uncontrollable rages. The casework interviews were confined largely to a discussion of practical matters, and Mrs. MacAndrew appeared to be making some progress. At this time, the placement plan was presented to her. Simultaneously Clara's behavior symptoms began to improve under treatment. Mrs. MacAndrew immediately terminated her contact with the Clinic, giving as her reasons that she was taking a full-time job, and that Clara didn't need further treatment, anyway.

The casework goal, placement of Clara outside the home, could not be accomplished because, despite (or perhaps due to) her basic rejection of the child, Mrs. MacAndrew was too threatened by the placement plan. Once the plan had been presented to Mrs. MacAndrew, she was shut off from making further progress and took the first opportunity to withdraw from treatment. It is felt that the placement plan was injected too early in the contact despite the dangers involved in permitting Clara to remain with the mother. Had the supportive relationship been allowed to develop un-

hampered by the placement threat, it is possible that Mrs. MacAndrew would have arrived at the idea of placement herself, or the caseworker might have been able to see other possible casework objectives.

Case 14

Mrs. Eden was referred to the Clinic by the Department of Public Welfare, Aid to Dependent Children. Charlotte, age twelve, was described by her as a "problem." She complained that the child was staying out late at night and was in danger of becoming a sex delinquent. Mrs. Eden, herself, was thirty-seven years old, of American Indian-English descent and Protestant. She had been divorced from her husband five years before her first contact with the Clinic and was being supported by Aid to Dependent Children. The husband was living with another woman in the neighborhood, and there was still a good deal of conflict with him. He visited Mrs. Eden frequently in order to see the children. Mrs. Eden lived in a deteriorated neighborhood, and there was much conflict with promiscuous and interfering neighbors. Children in the neighborhood would call Mrs. Eden and Charlotte names such as "whore." The maternal grandmother also lived in the home and was the source of much conflict around Charlotte inasmuch as she believed that the child was completely degenerate and would resort to severe beating of the girl upon the slightest provocation. There was one other sibling, a boy of eleven, who also worried Mrs. Eden but not to the extent Charlotte did. Mrs. Eden, herself, was promiscuous with many men in the neighborhood according to Charlotte's statements to the Clinic psychiatrist.

The Clinic psychiatrist diagnosed Mrs. Eden as a borderline psychotic, driven by anxiety and guilt, and suffering from depressive tendencies. She was apparently in a depressive mood during her contact with the Clinic. She stammered very badly and this, coupled with

disjointed associations and her low intelligence, made any but the most primitive contact with her impossible.

Mrs. Eden was seen for ten interviews by three different workers during a six month period. The changes in workers were necessitated by reality inasmuch as all three were students. The first worker saw her five times in the first six weeks of Mrs. Eden's contact. In spite of Mrs. Eden's handicaps a good relationship was made. She used the interviews mainly to express her many anxieties about sex, especially as related to Charlotte. It was decided early in the contact that the casework goal would be to enable Mrs. Eden to accept foster home placement for Charlotte. It was felt that Mrs. Eden's mental condition was such that a normal development for Charlotte under her care was impossible. She was unable to provide physically for Charlotte in an adequate way, and her peculiar ideas about sex made for an unhealthy emotional environment in the home.

Mrs. Eden was able eventually to partially accept foster home placement and verbalize her desire for it. She had many negative feelings about foster home placement, however, and never was able to accept the plan completely.

After the departure of the first worker the Clinic's relationship with her broke down. She was unable to form as good a relationship with either of the two succeeding workers. She missed many appointments and the interviews she did attend were unproductive. With the failure of the voluntary foster home placement plan due to the inability of the Department of Public Welfare to finance the plan, the change in worker for the second time, Mrs. Eden withdrew, and it became necessary to commit the children to the State through Juvenile Court.

The casework objective, voluntary foster home placement, could not be achieved for three reasons. Mrs. Eden never completely accepted it, the plan was not practicable from

a financial standpoint, and the Clinic relationship with Mrs. Eden broke down due to the changes in workers. There was no indication that any other objective could have been attained, and perhaps the only solution to the mother-child problem was separation through court action. In both this and the preceding case the mothers were threatened by the placement objective, despite the apparent strength of the non-threatening casework relationship.

In the final two cases it appears that the reason for the casework failure lay primarily in the fact that the workers were obliged to leave the Clinic and the mothers were unable to establish a relationship with another worker.

Case 15

> Mrs. Collins, age twenty-seven, was referred to the Clinic with her six year old son, Gerald, by the Department of Public Welfare, Aid to Dependent Children. The child suffered from temper tantrums, was seclusive and hard to manage. Mrs. Collins had been separated from her husband since her second month of pregnancy and had been living with her mother since that time. She worked for a few years after Gerald's birth but then refused to work any longer and was being supported by Aid to Dependent Children.
>
> Mrs. Collins was seen by the caseworker in ten interviews over a three month period. During these interviews, her principal concern was with Gerald's many behavior symptoms. It was felt that she magnified these symptoms beyond any reality, and that her ideas about Gerald were, to a large extent, fantasies. She expressed a great deal of hostility toward her husband. She continually pointed out how

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Gerald was so much like his father in his unfavorable traits. She was constantly under the fear that the boy would be killed or taken away from her, and it was felt that these fears were to protect herself against her own death wishes toward the boy.

The Clinic psychiatrist believed that Mrs. Collins was a paranoid personality. He felt that she was acting under a strong homosexual urge which she had to deny. Her fantasies about Gerald and her strongly negative attitude toward social workers were, for Mrs. Collins, a protection against sexual feeling.

The caseworker was careful not to allow too strong a transference to develop and was able to support Mrs. Collins in her rationalizations without going too far below the surface. An excellent positive relationship developed, and Mrs. Collins began to be more productive in the interviews as she learned to trust the worker and came to know that the worker could handle the relationship without an erotic involvement. In the midst of this development the caseworker, a student, was obliged to leave the Clinic. Mrs. Collins refused to return to the Clinic to keep an appointment with another worker. Five months later the worker returned to the Clinic as a regularly employed staff member, and wrote to Mrs. Collins. Mrs. Collins returned for two interviews, but was unable to reestablish the relationship. Following these two interviews she withdrew. Reports received from community agencies two years from withdrawal date indicate no improvement in the mother-son relationship.

The casework objective was to establish and maintain a supportive type of relationship with Mrs. Collins, through which she could express some of her confused feelings and gain self-confidence. No deep changes in Mrs. Collins' personality were expected, but it was hoped to improve some of the more superficial aspects of the mother-child problem

while Gerald was being treated.

Case 16

Mrs. Marsella and her six year old son, Vincent, were referred to the Clinic by the boy's school. The problem at referral was that Vincent had been suspended from school because he was hyperactive and destructive. Mrs. Marsella was thirty-five, Italian and Catholic. She was married and living with her husband, but there was a great deal of marital conflict. She accused her husband of going out with other women and claimed that sexual intercourse had been unacceptable for her since Vincent's birth a year after her marriage. She believed that her husband had made her "vulgar", that marriage had somehow coarsened her. The family income was adequate.

From the outset of the contact with Mrs. Marsella she appeared to be a very compulsive person with many paranoid ideas. She feared, for example, that wires were running from the interviewing room to the dictaphone, and that what she was saying was being recorded. She continually complained that Vincent's birth had caused her physical harm. She expressed many fears that Vincent would be hurt or killed and for this reason had to watch and protect him constantly. She thought the child might die of "germs from dirty hands." She resisted the child's efforts to break away from her in any way, fearing that harm would come to him without her constant vigilance. She did not want him to go to school because of the "dangerous" experiences he would have to face.

The Clinic psychiatrist and the caseworker agreed that Mrs. Marsella was paranoid and borderline psychotic. The casework goal was to enable Mrs. Marsella to remain in contact with the Clinic so that therapy with Vincent could go on. The caseworker remained strictly on the reality level in the interviews and did not attempt to delve into painful material. Mrs. Marsella was able to accept this type of relationship and used the interview time in which

to express many of her fears and negative, hostile feelings. There was some distrust of the caseworker at the outset, but she continued to gain confidence in the caseworker as the contact progressed. Mrs. Marsella was seen for twelve interviews over a four month period. The casework relationship was supportive in nature, Mrs. Marsella reacting toward the caseworker as to a parent substitute. At one point in the contact Mrs. Marsella became precariously disturbed and seemed to be relying upon the caseworker as a source of strength. After four months the caseworker, a student, was obliged to leave the Clinic staff. Mrs. Marsella, although carefully prepared for transfer to another worker, reacted to this reality situation as if the worker were actually deserting her. She failed to keep her appointments with the new worker, and was not seen again at the Clinic.

Sixteen months later, the case was referred for consultation by a group of interested agencies, including the school department, Juvenile Court and the child protective agency. Mrs. Marsella's condition had evidently deteriorated markedly during the interval. She interfered with the teachers in their handling of Vincent and would write letters to the police, the Governor and the school superintendent complaining that Vincent was being harmed in school. The Clinic psychiatrist at this time described Mrs. Marsella as a schizophrenic psychotic, paranoid state. At the present time Vincent continues to live with Mrs. Marsella. The various agencies are attempting to find a way to have Mrs. Marsella committed to a mental hospital so that Vincent can be removed from under her domination.

The objective of casework with Mrs. Marsella was to establish and maintain a supportive relationship in which the focus would be restricted to reality problems with no attempt made to delve into Mrs. Marsella's own emotional problems. It was hoped that through this relationship Mrs.

Marsella would be able to express many of her fears and hostile feelings, and would come to have confidence in the caseworker. Through the casework relationship it was hoped eventually that Mrs. Marsella would gain in self-confidence and security in the mother role to the point where she could allow herself to be a little freer in her handling of Vincent. The casework plan broke down when the worker left the Clinic. Mrs. Marsella took this leaving as a personal rejection and could not return to a new caseworker.

CHAPTER V

Summary and Conclusions

The purpose of this study has been to discuss casework with borderline psychotic mothers in a child guidance clinic in the light of the following three questions: (1) What are the objectives of such casework? (2) Under what circumstances can such casework be effective? (3) How is the casework method modified to meet the needs of these mothers?

The data for the study were obtained from a group of sixteen cases from the Providence Child Guidance Clinic. In addition, a brief, introductory survey of the literature was made in order to present a few commonly accepted concepts concerning borderline psychotics. It was found from this survey that borderline psychotics are able to make an adequate adjustment in some areas of family and community life, but are likely to experience extreme difficulty in interpersonal relationships. It was also found that the children of psychotic and borderline psychotic mothers are likely to be emotionally effected to some degree by their mother's illnesses; that, although the incidence and severity of emotional disturbance among these children may not be greater than in other groups of children, the mother's illness in almost all cases would be an important factor in influencing the development of emotional disturbance in the child.

The most commonly accepted method for dealing with such

mothers in casework was found to be through the supportive relationship. This kind of relationship has as its objective the development of the maximum possible level of adjustment within the limits prescribed by the client's own capacity for ego development. The method is based upon a steady, unobtrusive, non-threatening support by the caseworker, through which the client can be made to feel as confident and secure as possible. No basic personality changes are contemplated by this method, but rather a lessening of tensions around reality problems and some measure of growth in the client's capacity to deal with such problems.

The cases studied were classified into three groups on the basis of the effectiveness of the casework in achieving the casework objective and in improving the child's situation. There appeared to be no correlation between type of diagnosis and outcome of treatment. There was some indication that the younger mothers generally responded better to casework treatment. The problems presented by the children were found to be generally of the same variety as to type and severity as those presented by other groups of children in the Clinic. There was some indication that in cases in which the child being treated was the mother's only son, an intensified Oedipal conflict was a characteristic factor.

It was found that the method of treatment in all six-

teen cases was to some extent at least, supportive. While the specific details of the treatment method varied from case to case, it was most frequently true that fundamentally the method was supportive in nature. The objective in limiting the method to a supportive one varied, however. In seven of the cases the objective appeared to be to develop a relationship through which the mother could gain sufficient emotional support to maintain her mother role and to continue in the community at the optimum level of adjustment. In addition, four other definite objectives of casework were noted. These were (1) referral for placement outside the home, (2) helping the mother to accept psychiatric treatment, (3) keeping the mother in contact with the Clinic so that the child could be treated, and (4) keeping the mother in contact with the Clinic until a plan could be made. In most cases the objective of casework was determined by an evaluation of the mother's capacity to benefit from casework treatment, and by an analysis of the child's individual need.

The casework was found to be effective under the following circumstances: (1) When the caseworker had the benefit of an early diagnosis and treatment plan based upon a knowledge of the mother's symptoms and defense mechanisms, (2) When the casework objective was limited by an understanding of the mother's own limited capacity for adjustment, (3) When it was possible for the casework contact to move with-

out interruptions due to changes in worker, (4) when the mother's emotional condition was such that she was at least to some extent able to relate within the interview situation. Of these factors, perhaps the most significant was that early, accurate diagnosis was essential in most cases. It was not sufficient for the mother merely to be placed in a diagnostic category, but it was necessary that the dynamic motivational factors in the mother's use of interpersonal relationships be studied and evaluated. In short, casework could be most effective where the mother as an individual personality was best understood.

There was also some indication that the experienced staff workers were more effective in dealing with the mothers than were the students. It is felt that an important factor here was that the length of time spent in the field work placement by students is too limited to allow for the kind of protracted, continued contact so necessary in the supportive method. Therefore, it is suggested that in the assignment of such cases the importance of this continued contact be kept in mind, and that an early change in workers be avoided, if possible.

The essential way in which the casework process was modified was in limitation of the scope and focus of the work on the basis of the mother's limited capacity to use casework help. In most cases painful, deeply-rooted material

was avoided and no attempt was made to handle basic personality problems. The casework was concerned largely with more superficial, less painful questions in the reality situation. The more successful cases were those in which the worker made a conscious effort to be a non-threatening, understanding figure to whom the mother could relate and with whom the mother could feel more secure and confident as a parent and as an individual.

Approved,

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